



The CDC announced updated COVID-19 guidance on February 25, 2022. DHSS and DESE are awaiting subsequent updates to the CDC's K-12 guidance and will update this document upon reviewing the latest information from the CDC.

Missouri School COVID-19 Operating Guidance

Created by the Department of Health & Senior Services (DHSS) and the
Department of Elementary & Secondary Education (DESE)
Revised October 8, 2021 (supersedes all previous versions)

This document contains school operating guidance that intends to provide additional clarity and consistency for Missouri school leaders and public health officials as they make decisions about school operating strategies at the local level. There are no statewide health mandates related to K-12 school operations issued at this time. There may, however, be local ordinances that Local Education Agencies (LEAs) and Local Public Health Agencies (LPHAs) should keep in mind when developing and implementing school operating plans. The information contained in this document is guidance issued from the state level; therefore, local jurisdictions, LPHAs or LEAs should continue to collaborate to determine the appropriate mitigation strategies.

The transmission of SARS-CoV-2, the virus that causes COVID-19, in the K-12 school setting and subsequent control measures continues to be studied. The CDC provides a summary of the findings of the studies to date, in their [K-12 Science Brief](#). However, many of the studies referenced may not account for the possible impacts of the Delta variant. The Delta variant is more than two times as contagious and spreads faster than early forms of the SARS-CoV-2 virus. Preliminary information and data suggests that the transmission and impacts of COVID-19 resulting from the Delta variant is different than what was experienced with COVID-19 during the last school year. The Delta variant is more transmissible and appears to be more impactful on unvaccinated populations, and affecting more children and adolescents.

The best way to slow the spread of infection and protect against severe disease and death from COVID-19 is getting vaccinated. It is the expectation of Missouri education and health officials that school leaders and local public health leaders will work together to develop and implement policies that protect the public health of students, teachers, and other school staff. While LEAs have a partnership role with LPHAs, LPHAs maintain the legal authorization to take actions or steps to protect the public that includes actions leading up to and including closure of a school for failing to adequately implement public health protection measures. While the individual choice to be vaccinated is an important one, public health policy decisions should be made on the basis of legitimate and appropriate information obtained from trusted health sources.

The SARS-CoV-2 virus is constantly changing, and new variants of the virus are expected to occur. These changes have the potential to impact factors such as infectiousness, disease severity, and the effectiveness of vaccines and treatments. In addition, many schools serve children under the age of 12 who are not eligible for vaccination at this time, including those who may be at increased risk for severe illness. Therefore, surveillance efforts and the layering of other COVID-19 control measures such as case investigations, contact tracing, testing, mask use, social distancing, handwashing and respiratory etiquette, and improved ventilation, etc. continues to be important. LPHAs and LEAs should be prepared to quickly adjust plans to address increases in COVID-19 and/or outbreaks within the community and school setting. While surveillance and research efforts into COVID-19 in the K-12 setting continues, DHSS and DESE will continue to review the findings, modify the recommendations, and provide updates to the guidance.

Introduction

The following guidance was developed by DHSS and DESE in accordance with recommendations from CDC and includes Missouri specific guidance for the K-12 school setting. The guidance provides LPHAs and LEAs a framework for implementing recommended control measures that includes the addition of a fourth scenario-based option, called Test to Stay, for managing close contacts in the K-12 school setting. The four options provided are based on factors such as an individual's vaccination status, recent history of infection, and consistent and correct mask use by both the person infected and the close contact. These options were developed to balance the risk of transmission of the SARS-CoV-2 virus in the school setting, and to keep students, teachers, and staff in school.

The DHSS and DESE K-12 recommendations are now consolidated into this single guidance document. The primary updates to the previous guidance includes the following additions:

- **Option 4 - Test to Stay:** Test to Stay is a strategy that enables a close contact to continue activities during the quarantine period through participation in frequent testing. The Test to Stay Option provides LPHAs and LEAs an additional option to consider for persons who do not meet current options for staying in school following exposures to SARS-CoV-2 virus in the K-12 setting.
- **Frequently Asked Questions:** Several frequently asked questions and their responses have been added, covering topics including, but not limited to, at home tests, antibody tests, and the use of ShowMeVax.
- **Resources and Tools:** DHSS/DESE graphics and flowcharts have been added describing the recommended scenario-based options for quarantine as outlined in this guidance document.

There are also several excellent resources available that provide additional information, guidance, and recommendations pertaining to COVID-19 in the K-12 setting. These resources include, but are not limited to, CDC's *"Guidance for COVID-19 Prevention in K-12 Schools"*, *"Toolkit for Responding to COVID-19 Cases"*, or the many webpages that are linked throughout this document and available in the Resources section. LEAs and LPHAs are encouraged to use the guidance and references provided as they work collaboratively to develop local protocols to keep K-12 students and school personnel safe during the 2021-22 school year.

Guidance for Assessing COVID-19 Exposures & Defining Close Contacts in a School Setting

It is important to note that there are a number of factors can influence a person's risk of exposure to COVID-19, including the [type, proximity, and duration of their exposure](#); environmental factors (such as crowding and ventilation); vaccination status; prior COVID-19 infection; and mask use. Therefore, there will be situations where the possible exposures do not fit clearly into an obvious risk category as outlined in the definition of a close contact. The final determination of close contact, isolation, and quarantine is up to the discretion of the LPHA based on the findings of the case investigation and contact tracing conducted in collaboration with the school.

➤ Defining Close Contacts

The CDC defines a [close contact](#) to COVID-19 as someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual five-minute exposures for a total of 15 minutes). An infected person can spread SARS-CoV-2 starting from two days before they have any symptoms (or, for asymptomatic patients, two days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.

The CDC added an exception to the definition of “close contact” for students in the K-12 indoor classroom setting or a structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator supervision). The close contact definition does not include students who were between 3-6 feet of an infected student (laboratory-confirmed or a clinical diagnosis) **IF** both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

In Missouri, the CDC’s exception to the definition of close contact was modified to include students, teachers, and school staff. In addition, the K-12 indoor classroom setting was expanded to include both classroom and non-classroom settings (e.g., school bus, hallway, lunchroom, etc.) during the regular school day. In Missouri, the exception to the close contact definition includes students, teachers, and staff in the K-12 indoor setting who were within 3-6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) **AND** if both the infected person and the exposed person(s) correctly and consistently wore well-fitting masks the entire time. Individuals who meet this criteria are not considered close contacts to a case.

[Correct](#) and consistent [mask use](#) is a critical step that people can take to protect themselves and others from COVID-19. However, the [type of masks used](#) and whether they are used consistently and correctly varies throughout the general population. Except in K–12 indoor settings as described above, mask use is not considered when defining a close contact during case investigation and contact tracing, regardless of whether the person diagnosed with COVID-19 or the person exposed to SARS-CoV-2 was wearing a mask. Exposure risk in the healthcare setting is determined separately.

➤ Isolation

Students, teachers, and school staff who test positive or are symptomatic close contacts to a COVID-19 case should self-isolate at home and not return to school until the following criteria are met:

- 10 days since symptoms first appeared; **AND**
- 24 hours with no fever without the use of fever-reducing medications; **AND**
- COVID-19 symptoms are improving (loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation).
- 10 days following the positive viral test for COVID-19, for persons who test positive but do not develop symptoms (asymptomatic). If symptoms develop after testing positive, follow the isolation guidance for persons with symptoms included in the first three bullets above.

Note: These recommendations do not apply to persons with severe COVID-19 who usually would be hospitalized, or those with severely weakened immune systems (immunocompromised). People who are severely ill with COVID-19 might need to stay home longer, up to 20 days after symptoms first appeared. For those symptomatic exposed contacts, we may suggest a consult with the LPHA, if an alternative diagnosis was established. For additional information see “CDC. [Quarantine and Isolation](#) guidance document”.

Recommended Options for Quarantine

The incubation period for COVID-19 is thought to extend to 14 days, with a median time of 4-5 days from exposure to symptom onset. The current recommendations for persons identified as close contacts (not otherwise explicitly exempt from quarantine; e.g., persons who are fully vaccinated) is to quarantine at home for 14 days after the last date of exposure. Students, teachers, and staff identified as a close contact to a case who do not meet one of the exemptions and/or quarantine modifications noted in the scenario-based options 1-4 below should stay home and [quarantine](#) for a full 14 days past the last date of exposure to the case (last date of exposure is Day 0 of the quarantine period).

The CDC also provides two additional options for LPHAs to consider for shortening the duration of quarantine:

- After day 10 without testing
- After day 7 after receiving a negative test result (test must occur on day 5 of the quarantine period or later)

Note: A full 14-day quarantine period is still the recommended duration of quarantine. The CDC modified options for reducing quarantine are not appropriate in all situations and settings, such as those at increased risk of transmission or exposure to persons at greater risk for severe illness due to COVID-19. Additional information is available in the [CDC Science Brief](#) on the topic.

The DHSS/DESE guidance includes the four scenario-based options for managing close contacts in the school setting as outlined below. The following options were developed to balance the risk of transmission of the SARS-CoV-2 virus in the school setting, and to keep students, teachers, and staff in school. The final recommendations for isolation or quarantine are up to the discretion of the LPHA based on the findings of the case investigation and contact tracing conducted in collaboration with the school.

➤ ***Option 1: No quarantine. Stay in school and participate in extracurricular activities.*** – Students, teachers, and staff identified as close contacts do not need to quarantine if they:

- Are fully vaccinated and do not develop signs or symptoms of COVID-19 for the full 14 days past the last date of exposure to the case. Fully vaccinated is defined as two weeks after the second dose in a two-dose vaccine series (such as Pfizer or Moderna vaccines) or two weeks after a single-dose vaccine (such as Johnson & Johnson's Janssen vaccine); **OR**
- Had COVID-19 illness (a positive viral test such as PCR or antigen tests; not to include an at-home test or antibody test) within the previous 90 days, **AND** has recovered **AND** remains without COVID-19 symptoms for the full 14 days following the last date of exposure.

Note: Quarantine is not recommended for individuals that meet the scenarios as outlined in Option 1. However, CDC does recommend fully vaccinated persons get tested 3-5 days after exposure **AND** correctly and consistently wearing masks in K-12 school setting, **AND** wear a mask in other indoor settings for 14 days or until negative test results are received.

- **Option 2: No quarantine. Stay in school and participate in extracurricular activities.** – Students, teachers, and staff who were within 3–6 feet of a person diagnosed with COVID-19 in a K–12 setting (does not include exposures occurring during extracurricular activities such as sports), **AND** both the case and the potentially close contact [correctly and consistently](#) wore well-fitting masks the entire time, **AND** remains without COVID-19 symptoms for the full 14 days past the last date of exposure to the case.

Note: Quarantine is not recommended for individuals that meet the scenarios as outlined in Option 2. All close contacts in this scenario should continue to correctly and consistently wear masks in the K-12 school setting.

- **Option 3: Quarantine outside of school setting, but stay in school. No participation in extracurricular activities.** – Students, teachers, and staff who were within less than 3 feet of a person diagnosed with COVID-19 in a K–12 setting (does not include exposures occurring during extracurricular activities such as sports) can continue to attend school, but [quarantine](#) at home while not in school if:

- Both the case and the potentially exposed close contacts [correctly and consistently](#) wore well-fitting masks the entire time, **AND** the contacts remain without COVID-19 symptoms for the full 14 days past the last date of exposure to the case.

Note: All close contacts in this category should continue to consistently and correctly wear masks in the school setting.

- **Option 4 (Test to Stay): Quarantine outside of school setting is recommended. Stay in school and participate in extracurricular activities.** – Students, teachers, and staff identified as close contacts can continue to attend school and participate in extracurricular activities, if the following test to stay criteria are met:

- The close contact does not include household exposures (i.e., exposures among persons who live in the same household). There may be other similar higher-risk exposures where test to stay would not be recommended. The final decision regarding the inclusion in Test to Stay is at the discretion of the LPHA based on findings of the case investigation.
- Does **not** develop [symptoms](#) of COVID-19 throughout the full duration of the quarantine period (14 days past the last date of exposure to the case).
- Wears a mask consistently and correctly in school at all times during their quarantine period (14 days past the last date of exposure to the case), other than when eating or drinking. When these individuals cannot be masked (i.e., when eating or drinking) they should maintain 6 feet of distance from other individuals to the extent feasible.
- Receive a minimum of three rapid antigen tests (e.g., BinaxNOW) during the first seven days of the quarantine period per the following:
 - Test One: Upon identification as a close contact (unless already participating in a screening testing program); **AND**
 - Tests Two and Three: A minimum of two additional rapid antigen tests, preferably on two non-consecutive school days within the first seven days of the quarantine period. For example: contact identified as a close contact on day 2 of quarantine would be tested on day 2 (Wednesday); day 4 (Friday) and day 7 (Monday); **AND**
 - The testing is conducted upon entry to school and negative results received prior to return to the K-12 setting.

- For participation in extracurricular activities, daily testing is recommended, though at a minimum, an additional rapid antigen test is to be taken on the day of participation throughout the duration of the 14 day quarantine period. The testing should be completed and a negative result received prior to participation in the event. This includes testing on days when the event occurs during weekends, holidays, or other days when schools are not in session (see additional guidance below regarding testing and participation in extracurricular activities).
- Receive negative test results from COVID-19 testing conducted throughout the duration of the 14-day quarantine period.
- Active monitoring of persons participating in test to stay for symptoms is conducted by the school throughout the duration of the 14-day quarantine period, and persons should self-isolate at home if symptoms develop.

A person with COVID-19 can spread the SARS-CoV-2 virus to others starting from two days before they have any symptoms (or, for asymptomatic patients, two days before the positive specimen collection date), until they meet the criteria for ending isolation. Therefore, persons can be infected with SARS-CoV-2 and spread the virus to others without having symptoms or knowing they are infected. Test to Stay is a strategy where persons who are identified as a close contact to a case of COVID-19 are allowed to continue some activities during the quarantine period through participation in routine testing for the SARS-CoV-2 virus following an exposure. The frequent repeat testing would enable the prompt identification and isolation of close contacts who become infected to prevent further transmission of the virus. A routine Test to Stay quarantine response protocol, with daily testing in an environment where masks are consistently used, has been shown to be generally equivalent to quarantine for school-based contacts, and a safe alternative to at-home isolation. DHSS and DESE have developed Option 4: Test to Stay for use in the K-12 setting in Missouri.

Note: Persons participating in the Test to Stay option who develop symptoms of COVID-19 or test positive during the test to stay period or the 14 days following the last date of exposure, should follow the proper isolation protocols, including self-isolating at home and **NOT** attending school or participating in extracurricular activities. In addition, quarantine outside of the school setting and outside of extracurricular activities, as outlined, is still strongly recommended for individuals participating in Test to Stay.

Participation in extracurriculars such as sports or other activities that involve singing, shouting, playing instruments, and exercising that could lead to increased exhalation can increase the risk of spread of SARS-CoV-2 among persons in the K-12 setting. The prompt identification and isolation of persons with COVID-19 from participation in these activities is very important to avoid further transmission to others. Individuals following the Test to Stay protocol may be eligible to participate in school sports and extracurricular activities provided that they comply with all criteria included in the protocol. Daily testing is recommended, though at a minimum, an additional rapid antigen test is to be taken on the day of participation throughout the duration of the 14-day quarantine period. The testing should be completed and a negative result received prior to participation in the event.

Note: It is recognized that many extracurricular events occur on weekends, holidays, or when the school is otherwise not in session. If a school cannot arrange for someone to administer the test, the close contact needs to stay in quarantine and **NOT** participate in the event. Alternately, the individual may participate if tested negative (diagnostic test such as PCR or antigen test) by a health care provider, pharmacy, etc. (not to include at-home tests) on the day of the event. A negative test result or a note from a healthcare provider or pharmacy indicating the completion of the test and a negative result should be provided prior to participation in the event.

DHSS strongly recommends schools using the test to stay protocol participate in the [COVID-19 Screening Testing Program for K-12 Schools](#) or another similar testing program. Screening testing helps to identify unknown cases so that schools can take measures to prevent further transmission. By identifying infections early, testing helps keep COVID-19 transmission low and students in school for in-person learning, sports, and other extracurricular activities.

The state's [BinaxNOW Antigen Testing Program](#) is also available for school districts that wish to use the test to stay quarantine option. Districts participating in test to stay are also eligible for the [COVID-19 Supplemental Funding Program for K-12 Schools](#). Districts may use their supplemental funds to help support the additional workload and supplies needed for the test to stay program. Districts should use the established method of electronic file transfer for reporting test results for tests conducted as part of the Antigen Testing Program. For additional guidance on using the BinaxNOW tests, please review the program's [guidance document](#).

Frequently Asked Questions

➤ **Defining a School Setting**

- **How is a school setting defined for the purpose of the K-12 recommendations in Missouri?**
DHSS/DESE have defined school setting in Missouri to include both classroom and non-classroom settings (e.g., school bus, hallway, lunchroom, etc.). For the purposes of defining close contacts, the school setting refers to exposures during the regular school day. The school setting does not include sports or other extracurricular activities, before or after school childcare programs, or daycare settings.
- **Is the definition of school setting in Missouri different than what is included in CDC guidance?**
Yes. The Missouri specific guidance is different.

➤ **Vaccination Status and ShowMeVax**

- **Does the LEA have the authority to require proof of vaccination of a student?**
There is currently no federal guidance regarding whether an LEA has the authority to require proof of vaccination status for students. There is nothing that precludes an LEA from asking each student for vaccination status, but there is not a clear mechanism or legal authorization for a student or his or her parent or guardian to be compelled to produce such records to the LEA. LEAs should collaborate with LPHAs to gain public health insights and community transmission information, prior to making decisions or policies that impact the public health of students. LEAs should also consult with their own legal counsel or appropriate advisory association as to what necessary and appropriate factors could impact such decisions, including, but not limited to, FERPA, ADA, HIPAA, EEOC guidance, state law, and existing ordinances or local public health orders.
- **Can schools use ShowMeVax to determine the vaccination status of students, teacher, or staff?**
The State of Missouri has been informed that some LEAs are asking school nurses to utilize their access to the ShowMeVax system to provide verifications of vaccination status for school district employees and/or students within the LEA. This is expressly prohibited within the terms and conditions of the ShowMeVax user agreement. Further, those vaccinated through some federally-operated vaccination programs do not show up within the ShowMeVax system. Using this system for such employer purposes is not an appropriate lawful activity. Such actions in

violation of terms of use may result in legal liability on the directing employer and/or prohibitive action by the state.

- **Can a school nurse use ShowMeVax to verify the vaccination status of a student, teacher, or staff member who is identified as a close contact to a positive case in order to determine if the individual close contact meets the exemption from quarantine?**

Yes. A school nurse may access ShowMeVax in response to a specific case investigation for the purpose of identifying close contacts and providing appropriate public health guidance to individuals, which may be different as a result of vaccination status. A school nurse may not, however, provide lists that identify vaccination status to school staff and administration for the purpose of establishing policy or verification lists of student vaccination status. Such reviews of ShowMeVax data by a school nurse should be treated as confidential and/or HIPAA protected records only utilized for the purpose of case investigation or public health response.

➤ **At Home/Self-Administered COVID-19 Tests**

- **How are home/self-administered COVID-19 test results to be used in regards to the implementation of public health control measures?**

The FDA has granted several “at home” or “self-tests” emergency use authorization approval. These at home tests are convenient and provide prompt results. However, at home test results should not be accepted for decisions and recommendations regarding preventing or shortening periods of isolation and/or quarantine in the school setting, which includes the participation in sports and other extracurricular activities.

For example, a negative at home test should not be accepted from a parent/student or staff member with symptoms of COVID-19 as documentation the illness is not COVID-19; a negative result to shorten quarantine as part of the CDC reduced quarantine option; as proof of prior infection to meet the criteria as having had COVID-19 in the prior 90 days (Option 1); or as part of the Missouri Test to Stay (Option 4).

- **Are testing methods where the specimen is collected at home and submitted to a laboratory for testing considered an at home test?**

No. If the specimen is collected at home but submitted for test results processed by a laboratory with CLIA oversight or under a CLIA waiver, the test is not considered an at home test. The results of these type of tests can be used for public health recommendations where appropriate and indicated. The test kits that can be ordered on the DHSS website for at home collection is then submitted to a CLIA certified laboratory for results.

- **Should persons with a positive at home test isolate?**

Yes. Persons who test positive by an at home test should stay home and follow all recommendations for self-isolation. If the person was in the K-12 setting, participated in extracurricular activities, etc. then an additional viral test (PCR or antigen test) should be recommended.

- **Should close contacts to a person with a positive at home test quarantine?**

The results of the at home tests should be included as part of the overall investigation into the case and close contacts, which includes, but is not limited to, the individual’s symptoms, history of exposure or opportunities for exposure, and the likelihood of subsequent exposures to persons at high-risk persons or settings for the close contact. The final determination for quarantine of close contacts should be based on the findings of the case investigation. If it is

determined that quarantine is warranted, then yes, the individuals should be managed as close contacts to a case.

- **What resources are available for persons with a positive at home test to get retested?**

The State of Missouri has offered testing options to LEAs and LPHAs that may be utilized for the purpose of preventing or determining shortened periods of isolation and/or quarantine in the school setting. Such testing includes the option for LEAs to participate in the K-12 Screening Testing Program; mobile community testing opportunities offered through DHSS and partnering organizations; and other community testing events sponsored or operated by LPHAs and other community groups.

➤ **Antibody/Serology Tests**

- **Why does DHSS/DESE guidance not allow for the use of antibody tests to determine the need to quarantine and return to the K-12 school setting when the CDC interim guidance references the use of antibody tests?**

The CDC guidance document "[Antibody Testing Interim Guidelines](#)" dated March 17, 2021, does include the following: "Unvaccinated persons who have tested antibody positive within three months before or immediately following an exposure to someone with suspected or confirmed COVID-19 and who have remained asymptomatic since the current COVID-19 exposure do not need to quarantine in low risk situations. Low risk situations include settings where contact with persons at high risk of COVID-19 severe illness, including older adults and persons with certain medical conditions, is not anticipated for at least 10 days following exposure."

DHSS contacted CDC directly to ask if K-12 schools are low risk situations in accordance with this guidance. The CDC responded that K-12 schools are not considered low-risk settings due to variation in local transmission rates; the types of variants circulating; the epidemiology of COVID-19 among children, adolescents, and staff; vaccine coverage for those eligible; and mitigation measures in place to prevent transmission. In addition, the CDC does not include the use of antibody tests in their recently updated [quarantine guidance](#), which is also referenced in their K-12 guidance documents. Based on the current status of serologic tests and guidance from CDC, DHSS/DESE is not recommending antibody tests to be used for determining the need for quarantine.

- **When will DHSS/DESE include antibody tests in the determining the need for quarantine in the K-12 school setting?**

DHSS continues to monitor the science and current guidance regarding the use of antibody tests as evidence of immunity and recommendations for quarantine following close contact exposures to a case.

➤ **Case Investigations, Contact Tracing, and Quarantine**

- **Do schools have the authority to quarantine?**

No. LPHAs have the authority to quarantine.

- **Do LPHAs have the authority to require the school nurse or school district to do all contact tracing within a school district?**

School nurses have a role to play in assisting in contact tracing, and are expected to do so. However, it is not within the authority of an LPHA to require the school nurse or school district to do all contact tracing within a particular school or district.

- **What is DHSS's/DESE's guidance regarding LEAs who do not allow school nurses or staff to assist LPHAs in case investigations and contact tracing for cases in the K-12 setting?**

It has been brought to the attention of the State of Missouri that in some LEAs, school nurses are being expressly forbidden from assisting in contact tracing needs within schools. This is outside the scope of guidance provided by DESE and DHSS; school nurses have a role to play in assisting in contact tracing, and are expected to do so.

➤ **Defining Jurisdiction**

- **When a student, teacher, or staff member is identified as a close contact to a case and attends a school in one county/LPHA jurisdiction, but lives in another county/LPHA jurisdiction, which LPHA's guidance regarding quarantine is to be followed?**

The individual close contact would need to follow the recommendations of both jurisdictions. The jurisdiction where the individual lives has the authority in regards to quarantine. However, the LPHA where the school is located develops and works with the LEA to implement quarantine recommendations as they pertain to the school. Therefore, the LPHAs from both jurisdictions have authority and should work together in collaboration with the LEA to provide and implement quarantine recommendations for these close contacts.

- **Who is the local health authority for a specific school?**

The local health authority for a school would be the LPHA where the school is located. The LPHA is the local health authority within their local jurisdiction.

Additional Information on Control Measures & Operating Guidance

➤ **In-Person Learning Prioritized**

The latest CDC guidance emphasizes that because students benefit from in-person learning, safely returning to in-person instruction in fall 2021 is a priority. COVID-19 prevention strategies remain critical to protect people who are not fully vaccinated, especially in areas of moderate-to-high community transmission levels. However, students should not need to be excluded from in-person learning, as effective prevention strategies are to be implemented. The timely and accurate sharing of information at the local level is crucial to maintaining in-person learning safely.

➤ **Vaccination**

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely maintain in-person learning as well as extracurricular activities and sports. The CDC indicates, "Schools can [promote vaccinations](#) among teachers, staff, families, and eligible students by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible." Missouri expects LEAs to work with LPHAs or other state enrolled vaccinators to offer vaccinations to eligible staff and students.

The CDC provides guidance in the promoting vaccination section of the [Guidance for COVID-19 Prevention in K-12 Schools](#). In addition, the Missouri Chapter of the American Academy of Pediatrics has also developed a [vaccine toolkit for Missouri schools](#) with easily accessible information regarding the administration of the COVID-19 vaccine to eligible children. Complete information about the COVID-19 vaccine can be found at [MOStopsCOVID.com](https://mostopsCOVID.com).

➤ **Masks & Face Coverings**

When students, teachers, and staff consistently and correctly wear a mask, they protect others as well as themselves. The CDC guidance on [masking in K-12 setting](#) includes the following:

- **Indoors:** CDC recommends indoor masking for all individuals age 2 years and older, including students, teachers, staff, and visitors, regardless of vaccination status.
- **Outdoors:** In general, people do not need to wear masks when outdoors. CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised.

Policies regarding masks should be made at the discretion of local boards of education after consideration of community transmission and positivity rates within a community, and should be considered for adjustment as public health circumstances dictate. Such policies should be developed with consultation of state and/or local health authorities, as statutory and regulatory authority to mitigate risk of transmission, up to and including school closures, remains within the jurisdiction of the LPHA.

The CDC currently recommends fully vaccinated people wear a mask in public indoor settings in areas of [substantial or high transmission](#). At this time, Missouri acknowledges this new guidance, but believes such decisions should be made at the discretion of local boards of education, in consultation with local public health officials. Local entities should consider community transmission and local positivity rates when making these decisions.

➤ **Physical Distancing and Cohorting**

In addition to universal indoor masking, the [CDC recommends](#) schools maintain at least 3 feet of physical distance, when masks are in use, between students within classrooms to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet and masks are not in use, it is especially important to layer multiple other prevention strategies. Because of the importance of in-person learning, schools where not everyone is fully vaccinated should implement physical distancing to the extent possible within their structures (in addition to masking and other prevention strategies), but should not exclude students from in-person learning to keep a minimum distance requirement.

Cohorting can be used to limit the number of students, teachers, and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, and particularly in areas of moderate-to-high transmission levels. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. Cohorting people who are fully vaccinated and people who are not fully vaccinated into separate cohorts is not recommended. It is a school's responsibility to ensure that cohorting is done in an equitable manner that does not perpetuate academic, racial, or other tracking, as described in the U.S. Department of Education [COVID-19 Handbook, Volume 1](#).

➤ **Screening Testing**

The CDC shares that [screening testing](#) identifies infected people, including those with or without symptoms (or before development of symptoms) who may be contagious, so that measures can be taken to prevent further transmission. In K-12 schools, screening testing can help promptly identify and isolate cases, quarantine those who may have been exposed to COVID-19 and are not fully vaccinated, and identify clusters to reduce the risk to in-person education. CDC guidance provides that people who are fully vaccinated do not need to participate in screening testing and do not need

to quarantine if they do not have any symptoms; although decisions regarding screening testing may be made at the local level. The CDC provides screening testing recommendations for K-12 schools by level of community transmission in Table 1 in the updated [Guidance for COVID-19 Prevention in K-12 Schools](#).

DHSS is offering Missouri's K-12 LEAs the opportunity to participate in a COVID-19 screening testing program using a pooled testing approach during the 2021-22 school year. Please reference the [Missouri Screening Testing Program for K-12 Schools Guide](#) for complete information about the program.

➤ **School Buses – Masks Required per CDC Order**

Per a federal order issued by the CDC, masks are required on public and private school buses and other forms of public transportation for both passengers and drivers. Learn more [here](#), including the applicable exclusions and exemptions. Per this CDC order, if a student attends a school where mask use is not required due to vaccination status (e.g., a high school with a high rate of vaccination), the student is still required to wear a mask on the school bus. Schools should provide masks to those students who need them (including on buses), such as students who forgot to bring their mask or whose families are unable to afford them. Neither LEAs nor LPHAs have discretion regarding this federal order.

➤ **Food Service**

The CDC recommends maximizing physical distance as much as possible when eating and moving through food service lines. Settings outside of the cafeteria, such as the gymnasium or outdoor seating may be used to facilitate distancing. However, students and staff members who are fully vaccinated do not need to distance themselves while eating. Per the CDC, “[g]iven the low risk of transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals.” Frequently touched surfaces should be cleaned and surfaces that come in contact with food should be sanitized before and after meals. Schools should promote proper hand hygiene before and after meal times.

➤ **Sports & Extracurricular Activities**

Students and coaches/teachers who are not fully vaccinated should refrain from these activities unless participating in the Test to Stay (Option 4, as previously described). The CDC also states, “Students who are not fully vaccinated and participate in indoor sports and other higher-risk activities should continue to wear masks and keep physical distance as much as possible. Schools should consider using screening testing ([see Table 1 in the updated CDC guidance](#)) for student athletes and adults (e.g., coaches, teachers, advisors) who are not fully vaccinated who participate in and support these activities to facilitate safe participation and reduce risk of transmission — and avoid jeopardizing in-person education due to outbreaks.”

Resources, Tools, and References

- DHSS/DESE Options for Staying in School Following COVID-19 Exposure in K-12 School Setting
 - [Algorithm](#)
 - [Flowchart](#)
- [CDC. Toolkit for Responding to COVID-19 Cases](#)

- Washington University Pediatric and Adolescent Ambulatory Research Consortium
 - [Symptom Decision Tree and School Nurse Algorithm](#)
 - [Clinician Algorithm](#)
- Children’s Mercy Kansas City
 - [COVID-19 School Reopening Guidance](#)
 - [Considerations for the Testing and Management of Children](#)
 - [Return to School Considerations for COVID-19 Symptoms](#)
- Missouri Chapter of the American Academy of Pediatrics
 - [COVID-19 Vaccine Toolkit for Missouri Schools](#)
- [CDC. Delta Variant: What We know About the Science](#)
- [CDC. Guidance for COVID-19 Prevention in K-12 Schools](#)
- [CDC. Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs.](#)
- [CDC. How COVID-19 Spreads](#)
- [CDC. Improve How Your Mask Protects You](#)
- [CDC. Your Guide to Masks](#)
- [CDC. Types of Masks](#)
- [CDC. Quarantine and Isolation](#)
- [CDC. Symptoms of COVID-19](#)
- [CDC. Science Brief: Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing](#)
- [B. Young, D. Eyre, S. Kendrick, et. al. “A cluster randomized trial of the impact of a policy of daily testing for contacts of COVID-19 cases on attendance and COVID-19 transmission in English secondary schools and colleges.” \(July 2021\). medRxiv.](#)
- [DHSS. Screening Testing in Missouri’s K-12 Schools](#)
- [DHSS. Missouri Abbott BinaxNOW Antigen Test Kit Program](#)
- [DHSS. Overview of Supplemental Funding Available for K-12 Schools Participating in COVID-19 Testing Program](#)
- [State of Missouri: MOStops Covid](#)
- [CDC. COVID Data Tracker – Integrated County View](#)
- [DHSS. Missouri’s BinaxNOW Antigen Testing Program for K-12 Institutions](#)
- [U.S. Department of Education. COVID-19 Handbook Volume 1: Strategies for Safely Reopening Elementary and Secondary Schools](#)
- [CDC. Requirement for Face Masks on Public Transportation Conveyances and at Transportation Hubs](#)

GUIDANCE FOR EXPOSURES AND QUARANTINE IN THE K-12 SCHOOL SETTING

The following information is from the Missouri Department of Health & Senior Services and the Missouri Department of Elementary & Secondary Education “Guidance for Assessing COVID-19 Exposures and Defining Close Contacts in a School Setting” available [here](#) in the first section of the K-12 School COVID-19 Operating Guidance.

OPTION ONE

No quarantine. Stay in school and participate in extracurricular activities.

- Fully vaccinated or tested positive for COVID-19 in the previous 90 days.

Questions to Consider:

- Is the contact fully vaccinated? Fully vaccinated is defined as 2 weeks post second dose in a 2-dose series (ex. Moderna or Pfizer) or 2 weeks past 1-dose series (ex. Johnson & Johnson).
- Has the close contact tested positive with a viral test such as a PCR or antigen test (not to include an at-home test or antibody test) in the prior 90 days, fully recovered, and remains without symptoms?

OPTION TWO

No quarantine. Stay in school and participate in extracurricular activities.

- Distanced within 3 to 6 feet in the school setting, AND both the case and contact masked consistently and correctly.

Questions to Consider:

- Did the exposure occur in a K-12 setting?
- Were both the case and contact between 3 to 6 feet apart during the exposure?
- Were both the case and the contact both correctly and consistently masked during the exposure?

OPTION THREE

Quarantine outside of school setting, but stay in school. No participation in extracurricular activities.

- Distanced less than 3 feet in the school setting, AND both the case and contact masked consistently and correctly.

Questions to Consider:

- Did the exposure occur in a K-12 setting?
- Were both the case and contact less than 3 feet apart during the exposure in a K-12 setting?
- Were both the case and the contact correctly and consistently masked during the exposure?

OPTION FOUR

Quarantine outside of school setting. Stay in school, masked consistently and correctly at all times. Test a minimum of three times during the first seven days of quarantine. Can participate in extracurricular activities, under specific testing protocols.

- Distanced 0 to 6 feet, unvaccinated, and one or both persons unmasked.

Questions to Consider:

- Was the exposure to a case that lived in the same household?
- Is the contact showing any symptoms or signs of illness?

Persons who develop symptoms of COVID-19 need to test and isolate and not be at school or around others. Quarantine is recommended for students, teachers, and staff identified as close contacts to a case who do not meet one of the stated options. **The final determination of a close contact and the recommendation for isolation or quarantine is at the discretion of the Local Public Health Agencies (LPHAs).** LPHAs may implement more stringent criteria.

Guidance for Exposures and Quarantine in the K-12 School Setting

This information is from the Missouri Department of Health & Senior Services and the Missouri Department of Elementary & Secondary Education “Guidance for Assessing COVID-19 Exposures and Defining Close Contacts in a School Setting” available [here](#) in the first section of the K-12 School COVID-19 Operating Guidance.

Masking helps keep kids in the classroom.

Persons who test positive should not be in school until cleared by local health department. Persons who develop symptoms of COVID-19 need to test and isolate and not be at school or around others.

*Individuals exposed in this category not participating in a test to stay program will need to quarantine at home.



[Health.mo.gov/Coronavirus](https://health.mo.gov/Coronavirus)

